

ECS Configuration Change Request

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|---|--|----------------------------------|--|--|--|------------------------------------|--|
| CCR No. 96-0729 | | Logged Date 7/03/96 | | Rev. | | Request Type | |
| Priority | | Routine <input type="checkbox"/> | | Urgent <input type="checkbox"/> | | Emergency <input type="checkbox"/> | |
| Affected Release | | | | Change Class | | | |
| Title (description) Rel B GUI Workshop I Demo room needed | | | | | | | |
| Documents Affected | | | | Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference | | | |
| RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/> | | | | | | | |
| Problem Need a Demo Room for Rel B GUI Workshop I on July 18, 1996. | | | | | | | |
| Proposed Solution Please advise. | | | | | | | |
| Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> A.1 <input type="checkbox"/> Other _____ Cost: None <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____ | | | | | | | |
| Originator <u>Sheila M. Petrone</u> _____ Signature _____ Date _____ | | | | | | | |
| Office _____ Office Manager _____ Signature _____ Date _____ | | | | | | | |
| Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> | | | | | | | |
| Comments: Deferred 7/8 - Vincent H. to follow-up on this issue. | | | | | | | |
| CCB Chairperson _____ Signature _____ Date _____ | | | | | | | |